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| EXAMINER | |
|---|---|
| RANGREJ, SHEETAL | |

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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

| Office Action Summary | Application No. | Applicant(s) | |
|---|---|---|---|
| | 10/652,849 | SHORT, DOUGLAS J. | |
| | Examiner | Art Unit | |
| | Sheetal R. Rangrej | 3626 | |

*-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --*

**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

1)☒ Responsive to communication(s) filed on *31 August 2007*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

4)☒ Claim(s) *1-9 and 15-20* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-9 and 15-20* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

**Application Papers**

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

***Prosecution History Summary***

- Claims 10-14 are cancelled.
- Claims 1-9 and 15-20 are pending.

***Priority***

- The applicant receives the priority of the provisional application 60/486,846 and 60/493,758.

***Claim Rejections - 35 USC § 103***

1. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

2. *Claims 1-2, and 8 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reference U in view of Reference V.*

3. As per claim 1, Reference U teaches providing a state-governed fully-insured health insurance policy to a group of employees as a non-taxed compensation to an employee, but as a tax deductible expense to the employer (U: page 1, paragraph 1, lines 5-10 and paragraph 3, lines 1-3).

Reference U does not teach conditioning a benefit under a policy for an employee to participation in a voluntary wellness program.

Reference V teaches conditioning a benefit under the policy for the employee to participation in a voluntary wellness program (page 2, paragraph 5, lines 1-11).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U's and V's teachings. One of ordinary skill would have been motivated to combine these teachings because Reference V teaches that "it was developed by the Insurance committee in response to the increasing medical costs and premiums" (page 2, paragraph 4, lines 1-2).

4. As per claim 2, the method of claim 1 is as described above.

Reference U does not teach said wellness program includes a wellness category that includes at least one of a tobacco free category, a normal blood pressure category, a non-overweight category and a regular exercise category.

Reference V teaches said wellness program includes a wellness category that includes at least one of a tobacco free category, a normal blood pressure category, a non-overweight category (body-mass index) and a regular exercise category (personal wellness profile) (V: Strategies: page 3, lines 6-7 and 15-17). In light of the specification, the examiner interprets that having these screenings is the same as providing associated wellness categories to employees.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U's and V's teachings. One of ordinary skill would have been motivated to combine these teachings because Reference V teaches "that purposes of the Wellness Program is influencing district personnel and their family members to move from simply contemplating health issues to assisted preparation, action, and then continued maintenance of positive health behaviors" (V: page 1, paragraph 2, lines 5-8).

5. As per claim 8, the method of claim 1 is as described above.

Reference U does not teach wherein said wellness program includes at least one of wellness education

Reference V teaches wherein said wellness program includes at least one of wellness education (V: page 3, paragraph 1, lines 15-17).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U's and V's teachings. One of ordinary skill would have been motivated to combine these teachings because Reference V teaches that it "encourages district personnel and their families to strengthen their health and well-being through educational opportunities..." (V: page 1, paragraph 2, lines 2-4).

12. *Claim 9 is rejected under 35 U.S.C. 103(a) as being unpatentable over Reference U in view of Reference V and further in view of Reference E.*

13. As per claim 9, the method of claim 1 is as described above.

References U and V do not teach a step of providing employees with opportunities to at least one of improve and monitor their wellness condition.

Reference E teaches a step of providing employees with opportunities to at least one of improve and monitor their wellness condition (E: column 10, lines 5-12).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U in view of V's teachings with Reference E. One of ordinary skill would have been motivated to combine these teachings because Reference E discloses, "problems can be solved by exploring their origins. Then and only then can guidelines be established for possible prevention" (E: column 1, lines 35-38).

14. *Claims 3, and 4 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reference U in view of Reference V, as applied to claim 2 above, and further in view of Reference A and Reference B.*

15. As per claim 3, the method of claim 2 is as described above.

Reference U and V do not teach providing an ERISA governed health insurance policy to employees as a non-taxed benefit to an employee, but as a tax-deductible expense; and structuring the state-governed fully-insured health insurance policy to cover a healthcare expense not covered by ERISA governed health insurance policy.

Reference A teaches providing an ERISA governed health insurance policy to employees as a non-taxed benefit to an employee, but as a tax-deductible expense (Ryan: column 3, lines 29-35).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U in view of V with Reference A's teachings. One of ordinary skill would have been motivated to combine teachings because Reference V teaches that "it was developed by the Insurance committee in response to the increasing medical costs and premiums" (V: page 2, paragraph 4, lines 1-2).

Reference U, V, and A do not teach structuring the state-governed fully-insured health insurance policy to cover a healthcare expense not covered by ERISA governed health insurance policy.

Reference B teaches structuring the state-governed fully-insured health insurance policy to cover a healthcare expense not covered by ERISA governed health insurance policy (B: column 6, lines 39-40). In light of the specification, the examiner interprets "primary insurance

policy" to be the same as ERISA governed health insurance policy and "secondary insurance coverage" to be the same as state-governed fully-insured health insurance policy.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U in view of V and Reference A with Reference B's teachings. One of ordinary skill would have been motivated to combine teachings because Reference B teaches that "it is to provide a secure system that converges...multiple types of information including but not limited to payment options for patient co-pay portion of a procedure, patient insurance benefit information, and third party co-pay information" (B: column 4, lines 18-23).

16. As per claim 4, the method of claim 3 is as described above.

Reference U teaches a conditional benefit under the state-governed fully-insured health insurance policy includes coverage for at least a portion of a claim falling within a deductible for the ERISA governed health insurance policy (U: page 2, paragraph 1, lines 1-4)

18. *Claim 5 is rejected under 35 U.S.C. 103(a) as being unpatentable over Reference U in view of Reference V, as applied to claim 2 above, and further in view of Reference C.*

19. As per claim 5, the method of claim 2 is as described above.

Reference V does not teach increasing a deductible on the ERISA governed health insurance policy relative to a previously provided ERISA governed health insurance policy and making a conditional benefit under the state-governed fully-insured health insurance policy cover at least a portion of the deductible increase.

Reference U teaches making a conditional benefit under the state-governed fully-insured health insurance policy cover at least a portion of the deductible increase (U: page 2, paragraph 2, lines 1-5).

Reference U does not teach increasing a deductible on the ERISA governed health insurance policy relative to a previously provided ERISA governed health insurance policy.

Reference C teaches increasing a deductible on the ERISA governed health insurance policy relative to a previously provided ERISA governed health insurance policy (C: page 2, paragraph 0013, lines 3-5; page 2, paragraph 0014, lines 4-8; page 6, paragraph 0070, lines 2-5). The examiner interprets inclusion of the "request element" to be the same as increasing a deductible on the insurance policy.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U in view of Reference V with Reference C's teachings. One of ordinary skill would have been motivated to combine teachings because Reference C teaches that "insurance coverage is often subjected to local legislation and rules, necessitating that each state essentially be considered a different market place" (C: page 1, paragraph 0005, lines 9-15).

20. *Claims 6-7 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reference U in view of Reference V, as applied to claim 1 above, and further in view of Reference D and Reference E.*

21. As per claim 6, the method of claim 1 is as described above.

Reference U and E do not teach said wellness program includes at least one illness screening and said step of conditioning a benefit includes a step of conditioning coverage for at

least a portion of an identified illness to employee participation in an illness screening for the identified illness.

Reference V teaches said wellness program includes at least one illness screening (D: page 2, lines 7-8).

Reference V does not teach said step of conditioning a benefit includes a step of conditioning coverage for at least a portion of an identified illness to employee participation in an illness screening for the identified illness.

Reference D teaches said step of conditioning a benefit includes a step of conditioning coverage for at least a portion of an identified illness to employee participation in an illness screening for the identified illness (D: page 3, paragraph 0050, lines 1-4). In light of the specification, the examiner interprets the pharmaceutical benefit plan coverage to be the same as coverage for at least a portion of an identified illness.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U in view of V with Reference D's teachings. One of ordinary skill would have been motivated to combine teachings because Reference E teaches "that major dysfunctions and diseases leading to catastrophic conditions, early aging, serious illness and even death could have been prevented had they been identified before the appearance of devastating symptoms" (E: column 1, lines 23-27) and "because health care costs are a priority for every business, large or small. It is essential that employers seek a cost effective health care plan" (E: column 1, lines 50-52).

22. As per claim 7, the method of claim 6 is as described above.

Reference U, D, and E do not teach an identified illness includes at least one of cancer, heart disease, abnormal vision, abnormal orality, and mental illness; and

Said at least one illness screening includes a cancer screen, a heart disease screen, an abnormal vision screen, an abnormal orality screen and a mental illness screen.

Reference V teaches an identified illness includes at least one of cancer, heart disease, abnormal vision, abnormal orality, and mental illness; and said at least one illness screening includes a cancer screen, a heart disease screen, an abnormal vision screen, an abnormal orality screen and a mental illness screen (V: page 2, lines 7-8). The examiner interprets that if a screening for an illness is done and if it comes back as a positive result, then the illness has been identified.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference U in view of V. One of ordinary skill would have been motivated to combine teachings because Reference E teaches that "major dysfunctions and diseases leading to catastrophic conditions, early aging, serious illness and even death could have been prevented had they been identified before the appearance of devastating symptoms" (E: column 1, lines 23-27).

24. *Claims 15-16 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reference G in view of Reference F.*

25. As per claim 15, Reference G and F teach a method of administering a health plan for a group of employees, comprising the steps of:

Reference G teaches determining whether a conditional benefit under a state-governed fully-insured health insurance policy is available to an employee making a claim at least in part

by determining whether the employee is a participant in a voluntary wellness program (G: column 1, lines 58-67).

Reference G does not teach processing the claim with respect to the state-governed fully-insured health insurance policy if the conditional benefit is available to the employee

Reference F teaches processing the claim with respect to the state-governed fully-insured health insurance policy if the conditional benefit is available to the employee (F: page 20, paragraph 0218, lines 21-24). In light of the specification, the examiner interprets the ability to impact the claims values means the ability to process the claim was accomplished. The examiner also interprets that in order for the claim to be filed, an employee must have insurance, thus the claim is processed with respect to the state-governed fully-insured health insurance policy based on the conditional benefit (wellness program).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference G's teachings with Reference F's teachings. One of ordinary skill would have been motivated to combine these teachings because Reference F teaches that it will "have an overall positive impact upon the claims values within the employer group" (F: page 20, paragraph 0218, lines 21-24).

26. As per claim 16, the method of claim 15 is as described above.

Reference G does not teach processing the claim with respect to an ERISA governed health insurance policy that is a companion to the state-governed fully-insured health insurance policy.

Reference F further teaches processing the claim with respect to an ERISA governed health insurance policy that is a companion to the state-governed fully-insured health insurance

policy (F: page 20, paragraph 0218, lines 21-24). In light of the specification, the examiner interprets the ability to impact the claims values means the ability to process the claim was accomplished. The examiner also interprets that all insurance policies are ERISA governed health insurance policy.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference G's teachings in with Reference F's teachings. One of ordinary skill would have been motivated to combine these teachings because Reference F teaches that it will "have an overall positive impact upon the claims values within the employer group" (F: page 20, paragraph 0218, lines 21-24).

27. *Claim 17 is rejected under 35 U.S.C. 103(a) as being unpatentable over Reference G in view of Reference F as applied to claim 15 above, and further in view of Reference U.*

28. As per claim 17, the method of claim 16 is as described below.

References G and F do not teach applying the claim to a deductible under the ERISA governed health insurance policy and paying at least a portion of the claim under state-governed fully-insured health insurance policy.

Reference U teaches:

a. Applying the claim to a deductible under the ERISA governed health insurance policy (U: page 1, paragraph 2, lines 3-7). The examiner interprets the ability to have a claim account to be the same as having an insurance policy; and

b. Paying at least a portion of the claim under state-governed fully-insured health insurance policy (U: page 2, paragraph 1, lines 1-4).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference G in view of F with Reference U's teachings. One of ordinary skill would have been motivated to combine these teachings because Reference F teaches that it will "have an overall positive impact upon the claims values within the employer group" (F: page 20, paragraph 0218, lines 21-24).

29. *Claim 18 is rejected under 35 U.S.C. 103(a) as being unpatentable over Reference G in view of Reference F as applied to claim 15 above, and further in view of Reference U and Reference V.*

30. As per claim 18, the method of claim 15 is as described above.

References G and F do not teach a step of paying at least a portion of the claim if the employee was a member of at least one of said wellness categories before incurring the claim; and wellness program includes a wellness category that includes at least one of a tobacco free category, a normal blood pressure category, a non-overweight category and a regular exercise category.

Reference U teaches a step of paying at least a portion of the claim if the employee was a member of at least one of said wellness categories before incurring the claim (U: page 2, paragraph 1, lines 1-4).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference G in view of Reference F with Reference U's teachings. One of ordinary skill would have been motivated to combine these teachings because Reference F teaches that it will "have an overall positive impact upon the claims values within the employer group" (F: page 20, paragraph 0218, lines 21-24).

References G, F, and U do not teach said wellness program includes a wellness category that includes at least one of a tobacco free category, a normal blood pressure category, a non-overweight category and a regular exercise category.

Reference V teaches said wellness program includes a wellness category that includes at least one of a tobacco free category, a normal blood pressure category, a non-overweight category and a regular exercise category (V: Strategies: page 3, lines 6-7 and 15-17).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference G in view of Reference F and Reference U with Reference V's teachings. One of ordinary skill would have been motivated to combine these teachings because Reference V teaches "that purposes of the Wellness Program is influencing district personnel and their family members to move from simply contemplating health issues to assisted preparation, action, and then continued maintenance of positive health behaviors" (V: page 1, lines 7-10).

31. *Claim 19 is rejected under 35 U.S.C. 103(a) as being unpatentable over Reference G in view of Reference F and further in view of Reference V in view of Reference E.*

32. As per claim 19, the method of claim 15 is as described above.

References G and E do not teach said wellness program includes an illness screening for at least one identified illness; and said determining step includes a step of determining if the claim is based at least in part on said identified illness and whether the employee participated in an illness screening for said identified illness before incurring the claim.

Reference V teaches said wellness program includes an illness screening for at least one identified illness (V: page 3, lines 7-8).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference G in view of F with Reference V's teachings. One of ordinary skill would have been motivated to combine teachings because Reference E teaches "that major dysfunctions and diseases leading to catastrophic conditions, early aging, serious illness and even death could have been prevented had they been identified before the appearance of devastating symptoms" (E: column 1, lines 23-27) and "because health care costs are a priority for every business, large or small. It is essential that employers seek a cost effective health care plan" (E: column 1, lines 50-52).

Reference G, V, and E do not teach said determining step includes a step of determining if the claim is based at least in part on said identified illness and whether the employee participated in an illness screening for said identified illness before incurring the claim.

Reference F teaches said determining step includes a step of determining if the claim is based at least in part on said identified illness and whether the employee participated in an illness screening for said identified illness before incurring the claim (F: page 20, paragraph 0218, lines 1-24). In light of the specification, the examiner interprets that in order to identify cardiac disease, a screening was done, and the claim costs are based on that screening with in conjunction with the physician, thus the employee participated in a screening before incurring the claim.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference G in view of F and Reference V with Reference F's teachings. One of ordinary skill would have been motivated to combine teachings because Reference E teaches, "more than 50% of health care costs are lifestyle-related and

therefore preventable. Individual consumers interested in optimal health and fitness need to identify specific areas of personal improvement. Responsible managers in business need to develop systems to manage the optimal health of their employees, not only to save costs but to also save fives" (E: column 9, lines 20-27).

33. *Claims 20 are rejected under 35 U.S.C. 103 (a) as being unpatentable over Reference G in view of Reference F and further in view of Reference E and Reference V.*

34. As per claim 20, the method of claim 15 is as described below.

References G and F do not teach said wellness program includes at least one of wellness education; and said determining step includes a step of determining whether the employee participated in at least one of wellness education before incurring the claim.

Reference E teaches said wellness program includes at least one of wellness education (E: column 11, lines 17-22); and said determining step includes a step of determining whether the employee participated in at least one of wellness education before incurring the claim (E: column 9, lines 46-54). In light of the specification, the examiner interprets that if the deductible is decreased than the claims submitted will also be decreased because of employee's awareness from a wellness education will send him/her less to the doctor, thus less claim filing.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have combined Reference G in view of Reference F with Reference E's teachings. One of ordinary skill would have been motivated to combine teachings because Reference V teaches that it "encourages district personnel and their families to strengthen their health and well-being through educational opportunities..." (V: page 1, paragraph 2, lines 2-4).

***Response to Arguments***

1. Examiner has withdrawn the double patenting rejections against the present application.

2. Examiner has withdrawn USC 101 rejections due to cancelling claims 10-14.

3. Applicant's arguments filed for claim 1-9 and 15-20 have been fully considered but they are not persuasive.

4. Applicant argues that reference U does not teach "a state-governed fully-insured health insurance policy to a group of employees..." Applicant argues that the sixth bullet under the sub-heading "Self-Funding Lower Costs" the document specifically acknowledges that "self-funded programs are regulated at the federal level." Examiner disagrees. Reference U teaches that "Self-Funded programs are regulated at the federal level under the Employee Retirement Income Security Act of 1974 (ERISA), thus avoiding costly benefit procedures often mandated by state regulation." Reference U teaches that it could be operated at a state-level, except there are costly benefit procedures associated with it; therefore it does not completely limit the policy to be state-governed.

5. Applicant argues that applicant's claims are directed to a "fully-insured" product, which is the antithesis of a self funded plan. Examiner disagrees. Reference U teaches "Under a self-insured plan, the employer is responsible for all eligible claims filed under the plan," which teaches that it is fully-insured if the claims are according to the policy.

6. Applicant argues that Spurgeon does not show or discuss processing a claim with respect to a state-governed fully-insured health insurance policy with regard to a conditional benefit for participation in a voluntary wellness program by an insured. Spurgeon teaches determining whether a conditional benefit is available to an employee making a claim by determining

whether the employee is a participant in a voluntary wellness program. Applicant argues that Spurgeon fails to even contemplate a wellness program. Examiner disagrees. Spurgeon teaches determining whether a conditional benefit is available to an employee making a claim by checking the benefits of the employee, i.e. participation of a wellness program. Spurgeon checks many information to determine if the claims are covered or not, which includes determining whether a conditional benefit is available to an employee.

7. Applicant argues that Newman only teaches the idea of identifying high risk individuals in a group and attempting to reduce claims among those high risk groups in part via a provision of a wellness program; but does not either teach a state governed fully-insured health insurance policy nor one in which a conditional benefit under that policy is conditioned upon voluntary participation in a wellness program. Although reference F does not explicitly state that the insurance policy is the state-governed insurance policy, it does teach an insurance policy, which could include a state-governed fully-insured health insurance policy; therefore it teaches processing a claim with respect to the state-governed fully-insured health insurance policy.

***Conclusion***

8. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37

CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Sheetal R. Rangrej whose telephone number is 571-270-1368. The examiner can normally be reached on M-F 8:30-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

SRR